



~FIRST STEPS~

THE ADMISSIONS PROCESS

Welcome! We are delighted that you are considering Shawnigan. This application package is an integral part of our admissions process. Please be assured that none of the questions are intended to prevent students from being invited to attend our School. We are trying to gain as much information about students and their families as possible so that all parties involved have a solid foundation for a rich and engaging personal interview.

We admit students for the following September on a continuous basis throughout the year. Admission to Shawnigan is competitive; thus, to avoid disappointment, we encourage you to apply as soon as possible.

Step 1 – The Application

Your application should consist of the following items:

FORM 1 Application for Admission

The Application Form is to be completed by the parent(s)/guardian(s) of the applicant and the applicant, as appropriate either on our electronic online application forum (www.shawnigan.ca) or on a printed copy.

FORM 2 A) Academic Reference (*one completed Academic reference is required*)

The Reference Form is to be completed by a current academic personnel (teacher, administrator, etc.) Note: Please use the form provided by the school.

B) Letter of Reference from a Community Member

Please have a member of your community (sports coach, dance instructor, music teacher, family friend, close neighbour or any adult who has known your child for a substantial amount of time etc.) write a letter of reference speaking to the character of your child. If need be, this may be an email sent to admissions@shawnigan.ca rather than a formal letter. Please note: there is no official form for this letter.

N.B.: Upon completion, these forms are to be forwarded directly to Shawnigan Lake School, not returned to the applicant.

FORM 3 Financial Information

Please review Shawnigan's Financial Information page and residency requirement information (if applicable), and remember to include the **\$200 non-refundable fee** with the submission of your Application Form.

THE FOLLOWING MUST ACCOMPANY YOUR APPLICATION:

- a) \$200 Application Fee
- b) A recent photo of the applicant (may be a digital photo emailed to admissions@shawnigan.ca)
- c) A copy of the applicant's final academic report from the previous year and a copy of their most recent report card
- d) A copy of the applicant's birth certificate or passport (INTERNATIONAL STUDENTS: we **must** have a copy of your passport)

Step 2 – The Interview

When all of the above items have been received, we will contact you to arrange a visit and an interview. Both the applicant and their parent(s)/guardian(s) are expected to attend the interview. Shawnigan feels that it is of the utmost importance for the applicant to visit the School and be interviewed in person.

Step 3 – The Decision

Decisions are made after a thorough assessment of the applicant. We stress that this assessment is based on academic performance and potential, extra-curricular skills and accomplishments, integrity, and suitability for the boarding experience.

Do not hesitate to contact the Admissions Office should you require any assistance!

Please return your application documents by scanning/emailing to: admissions@shawnigan.ca or fax to 250 743 6280



APPLICATION FOR ADMISSION

To be completed by the Parents / Guardians of the Applicant

Applicant's Full Name: _____ Gender: Male Female
Legal Name (last/first/middle) (preferred name)

Grade to Enter: _____ Current Grade: _____ Boarding Student Day Student
Grade Entry Date

Applicant's Home Address: _____
Street City

Province/State Postal Code Country

Home Telephone: (_____) _____ First Language: _____

Date of birth: _____ Country of citizenship: _____ Language spoken at home: _____
Month / Day / Year Country Name

Social Insurance number/Social Security number of applicant, if available: _____

Passport: No Yes If yes please provide: Passport number: _____ Expiration date: _____

Parent/Guardian Information

Please check and circle all that may apply:

- Parents are married/common-law Father/Mother is deceased Father has custody
 Parents are separated/divorced Parents have joint custody Mother has custody
 There are special arrangements/court orders regarding access or visitation that the School should be aware of.
(If so, complete documentation/instructions will be required prior to enrollment.)

Primary Contact: Father Mother Both Other _____

Name: Mr. Mrs. Ms. Dr. _____

Home Address: _____
Street City

Province/State Postal Code Country

Home Telephone: (_____) _____ Home Fax Number: (_____) _____
(If different from applicant)

Primary Email Contact: _____ Cellular: (_____) _____

Business Name: _____ Position: _____
Business Address: _____
Street City Province/State Postal Code Country
Business Website (if applicable): _____
Telephone: (_____) _____ Fax Number: (_____) _____

Parent/Guardian Information (continued)

Spouse: Mr. Mrs. Ms. Dr. _____

Secondary Email Contact: _____ Cellular: (_____)

Business Name: _____	Position: _____			
Business Address: _____				
<i>Street</i>	<i>City</i>	<i>Province/State</i>	<i>Postal Code</i>	<i>Country</i>
Business Website (if applicable): _____				
Telephone: (_____) _____	Fax Number: (_____) _____			

Secondary Contact (in the case of divorced or separated families): Father Mother Both Other _____

Name: Mr. Mrs. Ms. Dr. _____

Home Address: _____
(If different from applicant) *Street* *City* *Province/State* *Postal Code* *Country*

Home Telephone: (_____) _____ Home Fax Number: (_____) _____
(If different from applicant)

Primary Email Contact: _____ Cellular: (_____)

Business Name: _____	Position: _____			
Business Address: _____				
<i>Street</i>	<i>City</i>	<i>Province/State</i>	<i>Postal Code</i>	<i>Country</i>
Business Website (if applicable): _____				
Telephone: (_____) _____	Fax Number: (_____) _____			

Spouse: Mr. Mrs. Ms. Dr. _____

Secondary Email Contact: _____ Cellular: (_____)

Business Name: _____	Position: _____			
Business Address: _____				
<i>Street</i>	<i>City</i>	<i>Province/State</i>	<i>Postal Code</i>	<i>Country</i>
Business Website (if applicable): _____				
Telephone: (_____) _____	Fax Number: (_____) _____			

Are Secondary Contact(s) to receive: Correspondence/Report Cards Student Billing Both

Has student applied to Shawnigan Lake School before? Yes No If yes, which grade? _____ year? _____

Has anyone from your family attended Shawnigan Lake School? Yes No If yes, which year(s)? _____
(Approximately)

If yes, Name(s) _____ Relationship to applicant _____ Which year(s)? _____

Through which sources did you become interested in Shawnigan Lake School? (Please select all that apply and indicate names)

- School Teacher or Administrator Name: _____
- Current SLS Family Name: _____
- SLS / Strathcona School Alumni Name: _____
- Relative Name: _____
- Internet / Web Page Name: _____
- Summer Program at SLS Program: _____
- Magazine Article or Advertisement Name of Magazine: _____
- Newspaper Advertisement Name of Paper: _____
- Admission Presentation Where: _____
- Educational Consultant Name: _____
- Other Name: _____

Applicant's Educational History

Current School: _____ Independent Public Other

School Address: _____
City Province/State Postal/Zip Country

Telephone: (_____)

Dates of attendance: _____ Grades completed at this school: _____

Has the applicant ever been advanced a grade? Yes No If YES, which grade(s)? _____

Has the applicant ever repeated a grade? Yes No If YES, which grade(s)? _____

Names and addresses of other schools attended within the last three years:

School: _____ Phone: (_____) _____ Dates attended: _____

School: _____ Phone: (_____) _____ Dates attended: _____

Please indicate second language study and level of proficiency by checking the appropriate descriptor:

French	<input type="checkbox"/> none	<input type="checkbox"/> beginner	<input type="checkbox"/> intermediate	<input type="checkbox"/> fluent
Spanish	<input type="checkbox"/> none	<input type="checkbox"/> beginner	<input type="checkbox"/> intermediate	<input type="checkbox"/> fluent
Other _____	<input type="checkbox"/> none	<input type="checkbox"/> beginner	<input type="checkbox"/> intermediate	<input type="checkbox"/> fluent

*In order for us to accurately determine our ability to provide the **required level of support to each individual student**, it is important that the following questions are answered with as much **sincerity and detail** as possible.*

Has the applicant ever received learning assistance? Yes No (if yes, please attach most recent L.A. reports)

Has the student ever been designated "Special Needs" (i.e. gifted, LD, ADHD, etc.) Yes No

If yes, please describe: _____

Has the applicant ever had a psychological-education (Psych-Ed) assessment? Yes No

If yes, provide the date of assessment: _____ Name of Physician conducting assessment: _____

(Copies of reports are **REQUIRED** with submission of application)

Additional Information

If the applicant has received or is receiving counseling due to a personal problem or event, please share information about that assistance so we can better understand and respond to your child's unique needs (*copies of reports would be helpful*).

Does the applicant suffer from allergies? If so, how severe are these allergies and what (if any) medical treatment is required in the case of an allergic reaction? _____

Has the applicant been prescribed any medication to be taken on a regular basis? Yes No

If yes, please elaborate. _____

Has the applicant ever been the subject of serious disciplinary censure at school or in the community? Yes No

School suspension? Yes No Asked to withdraw by a school? Yes No

Please detail **any** disciplinary matters. _____

Remarks from the family (i.e. Is there anything you would like to add that has not been covered in the application?).

Applicant Information (*To be completed by the Applicant*)

Within the past year, which book have you read that has particularly appealed to you? Please describe what you found so intriguing about this book.

Have you received any awards, honours, and achievements in the area of **Academics**? If so, please tell us about your successes.

What are your personal passions? What are your dislikes?

What personal qualities, talents, skills, or abilities will you contribute to the Shawnigan community?

Please list all extracurricular, athletic, and community activities in which you have been involved during the past **two years**. Note any leadership positions attained, level at which you participated, years played, positions or offices held, theatre roles, instruments played, debating, etc *Please list in order of importance to you.*

Activity	Years Involved	Level/Leadership Position
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

You have just listed the activity most important to you on the first line above. Explain why it is so important to you.

I/We consent to having **Shawnigan Lake School** collect personal information that may include student identification information, birth certificate, behavioural, academic and health information, most recent report card, emergency contact names and numbers, doctor's name and number, health insurance number, legal guardianship, court orders if applicable, parents' contact numbers and email addresses, and any similar information needed for registration. I/We further consent to the use and disclosure of information contained in this form and otherwise collected by, or on behalf of, **Shawnigan Lake School** (1) for the purpose of establishing, maintaining, and terminating the student's or parents' relationship with **Shawnigan Lake School** (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in **Shawnigan Lake School's** Personal Information Privacy Policy, a copy of which is available on request. I/We also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers of Shawnigan Lake School.

*This information is to assist the School authority in making an informed decision as to your child's suitability and appropriate placement in the School. It will also allow the School to respond immediately to any emergency. For more information, the privacy officer for **Shawnigan Lake School** may be reached at (250) 743-5516 or privacyofficer@sls.bc.ca*

Parent/Guardian Signature _____ Date _____

Applicant Signature _____ Date _____

Again, please note that full disclosure of information is necessary for the best educational experience to be offered to all of our students.



ACADEMIC REFERENCE / EVALUATION FORM

To be completed by a Teacher/Administrator at the applicant's current School

Applicant's Name _____

is involved in Shawnigan Lake School's Application Process. You have been selected by the applicant to provide an *academic reference/evaluation*. Your candid, sincere, and complete responses to the following questions are requested.

Shawnigan selects students who are capable of academic achievement in a competitive, university preparatory, boarding school environment. In this regard, among other things, **Shawnigan** evaluates past and present academic performance, teacher evaluations, results of entrance tests, communication skills, citizenship, artistic, and athletic accomplishments.

This is a **confidential** evaluation. The evaluation should be submitted directly to **Shawnigan** (by mail, email or fax) and not to the applicant or his/her parents.

This evaluation, and its contents, will only be used in connection with our admissions decision. It is the School's policy not to share reasons for the denial of admission.

Please complete both sides of this form and return it directly to the Admissions Office by email (admissions@shawnigan.ca), fax (250) 743-6280, or mail to: 1975 Renfrew Rd, Shawnigan Lake, BC V0R 2W1. If you find that sufficient space is not available on this form, please type your response on a separate sheet of paper identifying the question being answered.

How long have you known the applicant and in what setting? _____

In what context have you worked with the applicant? _____

What are the first three words that come to mind to describe this student?

1. _____ 2. _____ 3. _____

In relation to other students the same age, please rate the applicant by placing a check mark (✓) in the column that represent your evaluation of the applicant.

	One of the best I have EVER encountered	EXCELLENT Top 10% this year	GOOD Above Average	AVERAGE	Below Average	No Basis for Judgement
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to work independently						
Ability to work with others						
Organization						
Creativity						
Concern for others						
Honesty/Integrity						
Self-Esteem						
Maturity (relative to age)						
Responsibility						
Respect accorded by faculty						
Respect accorded by peers						
Emotional stability						
Overall evaluation as a person						
Overall evaluation as a student						

Are there other weaknesses or strengths not listed that you would like to mention?

Does the applicant possess any special competence, talent, potential for leadership, or exhibit any behavior indicating that leadership skills are not likely to be developed? Please explain.

In what ways has the applicant made significant contributions to your community?

Are there any additional comments you would like to make regarding the applicant?

To the best of your knowledge, has the applicant ever been disciplined at any school (this includes any suspension in school or out of school, dismissal, requests for withdrawal, or other censure or discipline for any reason)?

Yes No

If yes, please state the nature of the action taken and describe the circumstances relating to the action.

Shawnigan expects that those students admitted will be capable of living independently in a responsible, mature, and self-disciplined fashion. To the best of your knowledge, has the applicant ever received counseling or assistance for behavioural problems or difficulties that may affect the applicant's ability to live away from home or reflect a lack of maturity, responsibility, or self-discipline?

Yes No

How would you rate the applicant's likelihood of succeeding **academically** at Shawnigan?

How would you rate the applicant's likelihood of succeeding **socially** at Shawnigan?

Is the applicant a person that you would be comfortable with as a roommate for your son or daughter?

Highly Likely

Highly Likely

Yes

Likely

Likely

No

Somewhat Likely

Somewhat Likely

Not Likely

Not Likely

We very much appreciate your time and effort expended completing this form.

Thank you for your thorough evaluation of the applicant.

Your Name _____

Position _____

School Name _____

Email _____

Business Phone _____

Signature _____

Today's Date _____

The information requested above is required in order for the School authority to make an informed decision as to the applicant's suitability and appropriate placement in the School. The School does not sell, lease or trade information about applicants to other parties and is committed to meeting or exceeding the privacy standards established by British Columbia's Personal Information Protection Act (PIPA) and any other applicable legislation. For further information contact the School's Privacy Officer at (250) 743-5516 or privacyofficer@sls.bc.ca.



CREDIT CARD AUTHORIZATION APPLICATION FEE \$200

STUDENT NAME: _____

Parents may authorize the School to charge their Visa, MasterCard, or AMEX accounts for the \$200CAD application fee using the form below (or by cheque, wire or bank draft made directly to the school)

VISA

MASTERCARD

AMERICAN EXPRESS

ACCOUNT # _____ EXPIRY DATE _____

CARDHOLDER'S NAME: _____ SIGNATURE: _____

*Shawnigan Lake School is hereby authorized to charge my credit card
for a total of \$200CAD for my child's application fee.*

Safeguarding personal information is a fundamental concern of Shawnigan Lake School. The School does not sell, lease or trade information about you to other parties and is committed to meeting or exceeding the privacy standards established by British Columbia's *Personal Information Protection Act (PIPA)* and any other applicable legislation. A full copy of the School's Privacy Policy is available from the Business Office.



THE FEE REFUND PLAN

All independent schools' expenses are incurred annually and Shawnigan Lake School, therefore, must require full payment of its fees for the entire academic year. This fact is stated in the Contract Form so that there shall be no questions in the mind of any parent or guardian enrolling their child as to their obligation.

Nevertheless, there are some situations that could arise when a student must leave the school before the academic year has been completed, and this can lead to financial difficulties for either parent or guardian and school. To alleviate such a situation, Shawnigan Lake School administers its own Fee Refund Plan. This Fee Refund Plan is mandatory for all parents or guardians.

Cost of Plan

The cost of entering the Plan is 4% of the net annual fees (tuition less Scholarship/Bursary award), up to a maximum of \$850 per family.

The Plan will provide the following benefits:

1. Medical Withdrawal

80% of the annual fee provided that the disability extends for 31 or more consecutive days, and that the illness or injury did not manifest itself prior to the effective date of coverage. This is for any physical disability certified to and treated by a legally qualified medical practitioner.

The refund for a medical withdrawal is calculated as follows:

$$\text{Refund} = \frac{\text{number of days left in the school year} \times \text{net fees}}{\text{number of days in school year}} \times 0.8$$

2. Non-Medical Withdrawal or Dismissal

The Plan will refund 60% of the unused balance of the annual fee for non-medical withdrawal provided that the student has attended more than 14 consecutive days after the student's first day of attendance in the academic year.

The refund for a non-medical withdrawal is calculated as follows:

$$\text{Refund} = \frac{\text{number of days left in the school year} \times \text{net fees}}{\text{number of days in school year}} \times 0.6$$

3. Expulsion

The Plan will refund 50% of the unused balance of the annual fee if the student has been expelled for reasons of discipline provided that the student has attended more than 14 consecutive days after the student's first day in attendance in the academic year.

The refund for an expulsion is calculated as follows:

$$\text{Refund} = \frac{\text{number of days left in the school year} \times \text{net fees}}{\text{number of days in school year}} \times 0.5$$

4. No refunds will be given for dismissal or withdrawal after May 1st.

5. The balance of the unbilled fees will be charged prior to the refund being calculated.

EXCLUDED UNDER MEDICAL COVERAGE

- Illness which first manifested itself or injury which occurred before effective date of coverage.
- Absence or withdrawal due to any medical condition for which the student does not regularly receive treatment by a legally qualified medical practitioner during the period of absence or withdrawal.
- Absence or withdrawal due to the use of any drug, narcotic or an agent which is similarly classed or has similar effects unless it is given by and while under the care and attendance of a legally qualified practitioner.

EXCLUDED UNDER NON-MEDICAL COVERAGE

- Withdrawal or dismissal caused by any governmental order directed to the student.
- Destruction of any school facility due to any cause whatsoever.
- Inability of the school to operate and provide formal academic instruction, including closure for any reason.
- Boycotting of classes by the student.
- Withdrawal or absence from class attendance for the balance of the academic year due to completion of academic requirements or early graduation.
- Temporary non-medical absence, suspensions, or a change from resident to day status for any reason are not bases for claims.

Participation

The fee refund plan is mandatory for all parents and guardians. Should there be any enquiries regarding any part of this plan, please contact Heather-Ann Macintosh. Telephone: (250) 743-6452 Fax (250) 743-6269 Email: hmacintosh@shawnigan.ca